

FORM 1 VOLUNTARY PETITION

United States Bankruptcy Court District of New Jersey		VOLUNTARY PETITION
IN RE (Name of debtor. If individual, enter Last, First, Middle) Annie DUBOSE		NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle)
ALL OTHER NAMES used by debtor in the last 6 years (include married, maiden and trade names) none		ALL OTHER NAMES used by the joint debtor in the last 6 years (include married, maiden and trade names)
SOC. SEC./TAX I.D. NO. (If more than one, state all) 070-78-2134		SOC. SEC./TAX I.D. NO. (If more than one, state all)
STREET ADDRESS OF DEBTOR (No. and street, city, state, zip) 119 Broadway Newark, NJ 07104		STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, zip)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Essex		COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS
MAILING ADDRESS OF DEBTOR (If different from street address) same		MAILING ADDRESS OF JOINT DEBTOR (If different from street address)
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from addresses listed above)		Debtor has been domiciled or has had a residence, principal place of business or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District.

INFORMATION REGARDING DEBTOR (Check applicable boxes)

TYPE OF DEBTOR <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint (H&W) <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ NATURE OF DEBT <input type="checkbox"/> Non-Business Consumer <input type="checkbox"/> Business - Complete A&B below A. TYPE OF BUSINESS (check one box) <input type="checkbox"/> Farming <input type="checkbox"/> Transportation <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing/ Mining <input type="checkbox"/> Construction <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Real Estate <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Other Business B. BRIEFLY DESCRIBE NATURE OF BUSINESS	CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> § 304-Case Ancillary to Foreign Proceeding FILING FEE (Check one box) <input type="checkbox"/> Filing fee attached. <input type="checkbox"/> Filing fee to be paid in installments. (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b), see Official Form No. 3
NAME AND ADDRESS OF LAW FIRM OR ATTORNEY Anna C. Little, Esq. 300 Kimball Street suite 106 Woodbridge, NJ 07095 Telephone No. 732-636-4901	
NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT THE DEBTOR Anna C. Little, Esq.	
<input type="checkbox"/> Debtor is not represented by an attorney. Telephone no. of debtor not represented by an attorney: ()	

STATISTICAL ADMINISTRATIVE INFORMATION (28 U.S.C. § 604) (Estimates only) (Check applicable boxes)

<input type="checkbox"/> Debtor estimates that funds will be available for distribution <input type="checkbox"/> Debtor estimates that after any exempt property is excluded, there will be no funds available for distribution
ESTIMATED NUMBER OF CREDITORS <input checked="" type="checkbox"/> 1-15 <input type="checkbox"/> 16-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+
ESTIMATED ASSETS (in thousands of dollars) <input type="checkbox"/> Under 50 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> 1000-9999
ESTIMATED LIABILITIES (in thousands of dollars) <input type="checkbox"/> Under 50 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> 1000-9999
ESTIMATED NUMBER OF EMPLOYEES - CH 11 & 12 ON <input type="checkbox"/> 0 <input type="checkbox"/> 1-19 <input type="checkbox"/> 20-99
ESTIMATED NO. OF EQUITY SECURITY HOLDERS - CH 11 & 12 ON <input type="checkbox"/> 0 <input type="checkbox"/> 1-19 <input type="checkbox"/> 20-99

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

RECEIPT

Case # 02-32475 nNLW
Filed: 11:49 AM, 03/07/02

Chapter 7
Newark

000248187 - DV
02:00 PM, March 07, 2002

Judge: Novalyn L. Winfield
Trustee: David Wolff
Debtor(s):
Annie Dubose

First Meeting of Creditors
11:00 AM, April 11, 2002
One Newark Center
One Newark Center
Suite 1401, Office of the US Trustee
Newark, NJ 07102-5504

Code	Qty	Amount
NF	1	\$30.00
07	1	\$170.00

ORIGINAL

TOTAL PAID: \$200.00

From: Anna C. Little
300 Kimball Street
Suite 106
Woodbridge, NJ 07095-0000

Name of Debtor Annie DUBOSE

Case No. _____

(Court use only)

FILING OF PLAN

For Chapter 9, 11, 12 and 13 cases only. Check appropriate box.

☐ A copy of debtor's proposed plan dated _____ is attached.☐ Debtor intends to file a plan within the time allowed by statute, rule, or order of the court.

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)

Location Where Filed	Case Number	Date Filed

PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THIS DEBTOR (If more than one, attach additional sheet)

Name of Debtor	Case Number	Date
Relationship	District	Judge

REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

SIGNATURES

ATTORNEY


X

Date _____

Signature _____

INDIVIDUAL /JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition is true and correct.


Signature of Debtor
Date _____

X

Signature of Joint Debtor _____

Date _____

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition is true and correct, and that the filing of this petition on behalf of the debtor has been authorized.

X

Signature of Authorized Individual _____

Print or Type Name of Authorized Individual _____

Title of Individual Authorized by Debtor to File this Petition _____

Date _____


EXHIBIT "A" (To be completed if debtor is a corporation requesting relief under chapter 11.)

☐ Exhibit "A" is attached and made a part of this petition.

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS (See P.L. 98-353 § 322)

I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 of such title.

If I am represented by an attorney, exhibit "B" has been completed.


Signature of Debtor
Date 2/21/02

Date

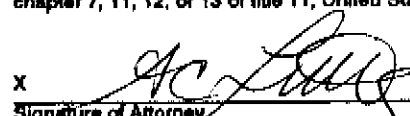
X

Signature of Joint Debtor _____

Date _____

EXHIBIT "B" (To be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.


Signature of Attorney
Date 2/21/02

Date

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Annie DUBOSE

Debtor(s)

Case No.

(If Known)

See summary below for the list of schedules. Include Unsworn Declaration under Penalty of Perjury at the end.

GENERAL INSTRUCTIONS: Schedules D, E and F have been designed for the listing of each claim only once. Even when a claim is secured only in part, or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed in Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

Name of Schedule	Attached (Yes/No)	Number of sheets	Amounts Scheduled		
			Assets	Liabilities	Other
A - Real Property	y	1	5344.44		
B - Personal Property	n	2	3893.00		
C - Property Claimed as Exempt	n	1			
D - Creditors Holding Secured Claims	n	1		00.00	
E - Creditors Holding Unsecured Priority Claims	n	1		00.000	
F - Creditors Holding Unsecured Nonpriority Claims	n	1		31292.41	
G - Executory Contracts and Unexpired Leases	n	1			
H - Codebtors	n	1			
I - Current Income of Individual Debtor(s)	y	1			2195.41
J - Current Expenditures of Individual Debtor(s)	y	1			2502.00
Total Number of Sheets of All Schedules		11			
Total Assets			9237.44		
Total Liabilities				31292.41	



In re: Annie DUBOSE

Debtor(s)

Case No.

(\$ known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
119 Broadway, Newark, NJ			71000.00	65655.56

Total ->

\$ 5344.44

(Report also on Summary of Schedules.)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	X	Fleet Bank Checking Account #0212000339 Fleet Savings Account # 5757022931		200.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home- stead associations, or credit unions, brokerage houses, or cooperatives.				300.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X	living room set dining room set, tv, vcr		1500.00
4. Household goods and furnishings including audio, video and computer equipment.				
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X	assorted casual clothing		500.00
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			

In re: Annie DUBOSE

Debtor(s)

Case No.

(if known)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
10. Annuities. Itemize and name each issuer.	X			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interest in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15. Accounts receivable.				
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.		2001 tax refund		1393.00
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.				
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment, and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed. Itemize.	X			

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules)

Total ->

\$ 3893.00

continuation sheets attached



In re: Annie DUBOSE

Debtor(s)

Case No.

(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one box)

- ☒ 11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C. § 522(d). Note: These exemptions are available only in certain states.
- ☐ 11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
119 Broadway Newark, NJ	11 U.S.C. 522(b)(1)	5344.44	71000.00
Fleet Checking Account	11 U.S.C. 522(b)(1)	200.00	200.00
Fleet Savings Account	11 U.S.C. 522(b)(1)	300.00	300.00
assorted casual clothing	11 U.S.C. 522(b)(1)	200.00	200.00
furniture	11 U.S.C. 522(b)(1)	1500.00	1500.00
2001 tax refund	11 U.S.C. 522(b)(1)	1393.00	1393.00



In re: Annie DUBOSE

Debtor(s)

Case No.

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C U D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			

continuation sheets attached

Subtotal ->
(Total of this page)

\$

Total ->
(use only on last page)

\$

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on Summary of Schedules)

In re: Annie DUBOSE

Debtor(s)

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E

TYPE OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507 (a) (2).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$2000 per employee, earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (3).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (4).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to a maximum of \$2000 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507 (a) (5).
- ☐ **Deposits by individuals**
Claims of individuals up to a maximum of \$900 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided, 11 U.S.C. § 507 (a) (6).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507 (a) (7).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a) (8).

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C U D -	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
A/C#						
A/C#						
A/C#						
A/C#						
A/C#						

Continuation sheets attached.

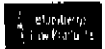
Subtotal ->
(Total of this page)

Total ->

(use only on last page of the completed Schedule E)

(Report total also on Summary of Schedules)

* If contingent, enter C; if unliquidated, enter U; if disputed, enter D.



In re: Annie DUBOSE

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	COD E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
A/C # 03 62711 55206 1 Sears P.O.Box 182532 Columbus, OH 43218-2532					2294.60
A/C # 6011001325528174 Discover Card c/o Eichenbaum, Kantrowitz, Leff and Gulko 10 Forest Ave. P.O.Box 914 Paramus, NJ 07653-0914					12869.72
A/C # 50-440-419-868 Macy's 9111 Duke Blvd. Mason, OH 45040					689.60
A/C # 5263-4010-7900-5956 Chase Bank Card P.O.Box 52188 Phonix AZ 85072-2188					12286.28
A/C # 3360986332 Macy's 5300 Kings Island Drive Mason OH 45040					1203.69
A/C # 5046770002802489 Sony Preferred c/o Arrow Financial 21031 Network Place Chicago, IL 60673-1210					1948.52
A/C #					
A/C #					
A/C #					
A/C #					

Sheet no. 1 of 1 sheets attached to Schedule of Creditors
Holding Nonpriority Claims.

Subtotal ->
(Total of this page)

\$ 31292.41

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

Total ->
(use only on last page of completed Schedule F.)
(Report total also on Summary of Schedules)

\$ 31292.41



In re: Annie DUBOSE

Debtor(s)

Case No.

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



In re: Annie DUBOSE

Debtor(s)

Case No.

(If known)

SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR



In re: Annie DUBOSE

Debtor(s)

Case No.

(if known)

SCCHEDULE 1 - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE		
	NAMES	AGE	RELATIONSHIP
married	Victoria Baigebo	51	aunt
	Lucy Natt	62	mother

Employment:	DEBTOR	SPOUSE
Occupation	nurses aid	
Name of Employer	Common Health Care Center and Arnold Walter Nursing Home	
How long employed		
Address of Employer	Common Heath Care 200 Center Street Cliffwood Beac, NJ 07735-5105	Arnold Walter Nursing Home 622 South Laurel Ave. Hazlet NJ 07730

Income: (Estimate of average monthly income)

DEBTOR

SPOUSE

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.) \$ 2627.41 \$
 Estimate monthly overtime \$ \$
 SUBTOTAL \$ \$

LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify)

SUBTOTAL OF PAYROLL DEDUCTIONS \$ \$

TOTAL NET MONTHLY TAKE HOME PAY \$ 2195.41 \$

Regular income from operation of business or profession or farm

(attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's

use or that of dependents listed above.

Social security or other government assistance (Specify)

Pension or retirement income

Other monthly income (Specify)

TOTAL MONTHLY INCOME \$ 2195.41 \$

TOTAL COMBINED MONTHLY INCOME \$ 2195.41 (Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

ARNOLD WALTER NURSING HOME

622 SOUTH LAUREL AVENUE HAZLET, NJ 07730

Check Date 1/30/2002

Employee Name	SOC	SEC #	Department	Pay Period	STATUS	RATE	EMP#
ANNIE DUBOSE	070	78-2134	12 AIDES 7-3	1/20/2002- 1/26/2002	M0	10.4555	557
Type of Earnings	Rate	Hours	Amount	Deductions	This period	YTD	
REGULAR	10.4555	30.00	313.67	FWT	30.91	144.84	
BONUS	15.0000		15.00	NJ WITHHOLDING	6.22	28.54	
SICK	10.4555	7.50	78.42	FICA	25.24	116.11	
				MEDICARE	5.91	27.16	
				SUI-DISABILITY	3.76	17.32	
				UNION DUES	7.84	34.50	
Gross Earnings		37.50	407.09	Total Deductions	79.88	368.47	
YTD Earnings			1,872.80	Net Pay	327.21	1,504.33	
BENEFITS TAKEN:							
HOLIDAY	15.00	SICK	7.50	BIRTHDAY	7.50		

ARNOLD WALTER NURSING HOME

622 SOUTH LAUREL AVENUE HAZLET, NJ 07730

Check Date 1/16/2002

99962

Employee Name	SOC	SEC #	Department	Pay Period	STATUS	RATE	EMP#
ANNIE DUBOSE	070	78-2134	12 AIDES 7-3	1/06/2002- 1/12/2002	M0	10.4555	557
Type of Earnings	Rate	Hours	Amount	Deductions	This period	YTD	
REGULAR	10.4555	15.00	156.83	FWT	4.78	79.1	
BONUS	15.0000		15.00	NJ WITHHOLDING	2.58	15.1	
				FICA	10.65	61.7	
				MEDICARE	2.49	14.4	
				SUI-DISABILITY	1.59	9.2	
				UNION DUES	3.14	17.2	
Gross Earnings		15.00	171.83	Total Deductions	25.23	197.3	
YTD Earnings			995.21	Net Pay	146.60	797.6	
BENEFITS TAKEN:							
HOLIDAY	15.00						

MR H. GOTTLIEB & MR B. SCHACHTER & STAFF WISH YOU A HAPPY BIRTHDAY & MANY MORE HAPPY OCCASIONS

ARNOLD WALTER NURSING HOME

622 SOUTH LAUREL AVENUE HAZLET, NJ 07730

Check Date 2/13/2002

100440

Employee Name	SOC	SEC #	Department	Pay Period	STATUS	RATE	EMP#
ANNIE DUBOSE	070	78-2134	12 AIDES 7-3	2/03/2002- 2/09/2002	M0	10.4555	557
Type of Earnings	Rate	Hours	Amount	Deductions	This period	YTD	
REGULAR	10.4555	34.50	360.71	FWT	26.21	211.3	
BONUS	15.0000		15.00	NJ WITHHOLDING	5.64	42.0	
				FICA	23.29	171.0	
				MEDICARE	5.44	39.9	
				SUI-DISABILITY	3.47	25.5	
				UNION DUES	7.22	49.5	
Gross Earnings		34.50	375.71	Total Deductions	71.27	539.4	
YTD Earnings			2,758.21	Net Pay	304.44	2,218.7	
BENEFITS TAKEN:							
HOLIDAY	15.00	SICK	7.50	BIRTHDAY	7.50		



CO. FILE DEPT. CLOCK NUMBER
 J02 000193 554 0000027146 1

COMMON HEALTH CARE SYSTEMS INC.
 71A CLIFFSIDE HEALTH CARE CNTR
 200 CENTER STREET
 CLIFFWOOD BEACH, N.J. 07735-5105

Social Security Number: 070-78-2134
 Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 1
 State: Table B

Earnings Statement



Period Ending: 02/02/2002
 Pay Date: 02/08/2002

ANNIE DUBOSE
 119 BROADWAY
 NEWARK, NJ 07014

Earnings	rate	hours	this period	year to date
Regular	9.0900	55.00	499.95	141.75
Bonus				184.07
Holiday				1,739.31
Gross Pay			\$499.95	

Important Notes
 CONGRATULATIONS TO OUR EMPLOYEE OF THE MONTH:
 PEGGY SCOGNAMIGLIO!!!!!!

Deductions	Statutory	
Federal Income Tax	-13.65	64.89
Social Security Tax	-31.00	107.84
Medicare Tax	-7.25	25.22
NJ State Income Tax	-6.92	24.35
NJ SUI/SDI Tax	-4.62	16.09
Net Pay	\$436.51	

Your federal taxable wages this period are \$499.95



CO. FILE DEPT. CLOCK NUMBER
 J02 000193 554 0000026932 1

COMMON HEALTH CARE SYSTEMS INC.
 T/A CLIFFSIDE HEALTH CARE CNTR
 200 CENTER STREET
 CLIFFWOOD BEACH, N.J. 07735-5105

Social Security Number: 070-78-2134
 Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 1
 State: Table B

Earnings Statement



Period Ending: 01/05/2002
 Pay Date: 01/11/2002

ANNIE DUBOSE
 119 BROADWAY
 NEWARK, NJ 07014

Earnings

	rate	hours	this period	year to date
Regular	9.0900	59.25	538.58	99.75
Bonus			99.75	120.44
Holiday	9.0900	13.25	120.44	758.77
Gross Pay			\$758.77	

Important Notes

CONGRATULATIONS TO OUR DEPT. OF THE
 MONTH/RECREATION! HOPE FOR A SAFE & HEALTHY 2002!!

Deductions

	Statutory	
Federal Income Tax	-39.53	39.53
Social Security Tax	-47.04	47.04
Medicare Tax	-11.00	11.00
NJ State Income Tax	-10.80	10.80
NJ SUI/SDI Tax	-7.01	7.01
Net Pay	\$643.39	

Your federal taxable wages this period are \$758.77



In re: Annie DUBOSE

Debtor(s)

Case No.

(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home) \$ 717.00
 Are real estate taxes included? ☐ Yes ☒ No Is property insurance included? ☐ Yes ☒ No
 Utilities Electricity and heating fuel 350.00 (150 + 200)
 Water and sewer 75.00 to arrears)
 Telephone 100.00
 Other

Home maintenance (repairs and upkeep) 400.00
 Food 100.00
 Clothing 40.00
 Laundry and dry cleaning 20.00
 Medical and dental expenses 60.00
 Transportation (not including car payments) 120.00
 Recreation, clubs and entertainment, newspapers, magazines, etc. 20.00
 Charitable contributions
 Insurance (not deducted from wages or included in home mortgage payments)
 Homeowner's or renter's 00.00
 Life 00.00
 Health 00.00
 Auto 100.00
 Other

Taxes (not deducted from wages or included in home mortgage payments)
 (Specify)

Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan) 400.00
 Auto
 Other

Alimony, maintenance, and support paid to others 00.00
 Payments for support of additional dependents not living at your home 00.00
 Regular expenses from operation of business, profession, or farm (attach detailed statement) 00.00
 Other

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 2502.00

(FOR CHAPTER 12 AND 13 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income \$
 B. Total projected monthly expenses \$
 C. Excess income (A minus B) \$
 D. Total amount to be paid into plan each \$
 (interval)



In re: Annie DUBOSE

Debtor(s)

Case No.

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 41 sheets, and that they are true and correct to the best of my knowledge, information, and belief.
 (Total shown on summary page plus 1.)

Date 2/21/02

Signature: Annie N. Dubose

Debtor

Date

Signature: _____

(Joint Debtor, if any)

(If joint case, both spouses must sign.)

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.
 (Total shown on summary page plus 1.)

Date

Signature: _____

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3871.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Annie DUBOSA

Debtor(s)

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-15 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 16-21. If the answer to any question is "None," or the question is not applicable, mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

☐ None **1. Income from Employment or Operation of Business**

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give AMOUNT and SOURCE (if more than one).

2002	\$ 4,497.52
2001	\$37,299.00

☒ None **2. Income Other than from Employment or Operation of Business**

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give AMOUNT and SOURCE.

3. Payments to Creditors

☒ None a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR, DATES OF PAYMENTS, AMOUNT PAID and AMOUNT STILL OWING.

☒ None b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR, DATE OF PAYMENT, AMOUNT PAID and AMOUNT STILL OWING.

4. Suits and Administrative Proceedings, Executions, Garnishments and Attachments

☒ None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give CAPTION OF SUIT AND CASE NUMBER, NATURE OF PROCEEDING, COURT OR AGENCY AND LOCATION and STATUS OR DISPOSITION.

☒ None b. Describe all property that has been attached, garnished, or seized under any legal or equitable process within one year

IRS e-file Authentication Statement

2001

Keep for your records

Name(s) Shown on Return

ANNIE DUBOSE

Social Security Number

070-78-2134

A – Self Select PIN Authorization

Check this box to use the Self-Select PIN.

By checking this box you are electing not to file Form 8453 for this return



Please indicate how the Self-Select PIN(s) are entered into the program.

Taxpayer(s) entered PIN(s)

ERO entered Primary Taxpayer's PIN

ERO entered Secondary Taxpayer's PIN

ERO entered Primary Taxpayer's PIN and Secondary Taxpayer's PIN

**B – Signature of Electronic Return Originator Personal Identification Number****ERO Signature:**

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper tax return signed by a paid preparer, I declare that the information contained in this electronic return is identical to that contained in the paper return, and I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's Self-Select PIN (EFIN followed by any 5 numbers) EFIN 220397 Self-Select PIN 02947

C – Signature of Taxpayer/Spouse Personal Identification Number**Perjury Statement:**

Under penalties of perjury, I declare that I have examined this return including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS:

- (1) Acknowledgement of receipt or reason for rejection of transmission;
- (2) refund offset;
- (3) reason for any delay in processing or refund; and,
- (4) date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH debit (electronic withdrawal) entry to the financial institution account indicated for payment of my Federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to subsequent Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate subsequent payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate this authorization. To revoke this payment I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.

I am signing this Tax Return Signature/Consent to Disclosure and Electronic Funds Withdrawal Consent (if applicable) by entering my Self-Select PIN below.

Taxpayer's PIN (enter any 5 numbers) 11563
 Date 02/04/2002
 Taxpayer's Date of Birth 01/15/1963
 Taxpayer's Prior Year Adjusted Gross Income 18,314.

If you're filing a joint return:

Spouse's PIN (enter any 5 numbers)
 Spouse's Date of Birth
 Spouse's Prior Year Adjusted Gross Income

DUBOSE, ANNIE

070-78-2134 Page 2

Part VII - Electronic Filing Information

- 1 Do you want to file this state return electronically? Yes ☒ No ☐
- 2 Enter the date return was EFiled
- 3 Enter the date return was accepted by the state
- 4 Enter the date Form NJ-8453 was mailed to the state
- 5 Enter the date Form NJ-1040-V was given to client

Part VIII - Electronic Filing PIN Information

- 1 Personal Identification Number (PIN) - Taxpayer 0110
- 2 Personal Identification Number (PIN) - Spouse
- 3 Filers using PIN number(s) please read the paragraph below and check the boxes that apply

New Jersey law requires that all income tax returns be signed before they are submitted. If you agree with the following statement, sign your return by entering your 4-digit Personal Identification Number (PIN).

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Property Tax Rebate Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

If you agree, sign your return by entering your 4-digit PIN now. If the tax return is a joint return both spouses must sign the return by entering their 4-digit PIN. A taxpayer who wishes to file their return through ELF but who does not have a Personal Identification Number (PIN) is required to submit a signature document.

Do you agree? Yes ☒ No ☐ Spouse Agree? Yes ☐ No ☐

Part IX - Direct Deposit Information

Do you want to elect direct deposit of state tax refund (Electronic Filing Only)? Yes ☒ No ☐

If you selected direct deposit, fill out the information below:

Direct Deposit:
Refund Only ... ☒ Homestead Rebate Only ... ☐ Refund and Homestead Rebate ... ☐

Name of Financial Institution (optional)

Check the appropriate box:



Checking	<input checked="" type="checkbox"/>	Routing number	<input type="text"/> 021200339
Savings	<input type="checkbox"/>	Account number ..	<input type="text"/> 4757022493


Part X - Extension Status

Has the tax return due date been extended for a four month first extension? Yes ☐ No ☒

Has the tax return due date been extended for a six month second extension? Yes ☐ No ☒

Extended Due Date

QuickZoom to Form NJ-1040  

QuickZoom to Form NJ-1040NR 

2001 W-2 and EARNINGS SUMMARY

Case 02-32471-2011 Doc 1 Filed 03/07/02 Entered 03/07/02 13:55:00 Desc
Converted from ECM (10696626) Page 21 of 39

1 Wages, tips, other comp. 11555.32
2 Federal income tax withheld 420.16

3 Social security wages 11555.32
4 Social security tax withheld 716.43

5 Medicare wages and tips 11555.32
6 Medicare tax withheld 167.55

a Control Number 000193 JQ2
b Employer's name, address, and ZIP code
COMMON HEALTH CARE
SYS INC
PO BOX B 200 CENTER ST
CLIFFWOOD BEACH NJ 07735

c Employer's name, address, and ZIP code
COMMON HEALTH CARE
SYS INC
PO BOX B 200 CENTER ST
CLIFFWOOD BEACH NJ 07735

Batch #00470

b Employer's FED ID number 22-3024471
d Employee's SSA number 070-78-2134

7 Social security tips
8 Allocated tips

9 Advance EIC payment
10 Dependent care benefits

11 Nonqualified plans
12a See instructions for box 12

14 Other
49.11 UI/HC/WF
57.78 NJ DI

15 Employee's name, address and ZIP code
ANNIE DUBOSE
119 BROADWAY
NEWARK, NJ 07014

15 State Employer's state ID no. NJ 223024471/000
16 State wages, tips, etc. 11555.32

17 State income tax 158.90
18 Local wages, tips, etc.

19 Local income tax
20 Locality name

Safe, accurate, IRS e-file Visit the IRS Web Site
ASTI Use at www.irs.gov.

Employee Reference Copy
W-2 Wage and Tax Statement 2001
OMB No. 1545-0008

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail.
The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2001 pay stub plus any adjustments submitted by your employer.

Gross Pay	11555.32	Social Security Tax Withheld Box 4 of W-2	716.43	NJ. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	158.90
Fed. Income Tax Withheld Box 2 of W-2	420.16	Medicare Tax Withheld Box 6 of W-2	167.55		106.89

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NJ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	11,555.32	11,555.32	11,555.32	11,555.32
Reported W-2 Wages	11,555.32	11,555.32	11,555.32	11,555.32

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

ANNIE DUBOSE
119 BROADWAY
NEWARK, NJ 07014

Social Security Number: 070-78-2134
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 1
STATE: 1 Table B

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1 Wages, tips, other comp. 11555.32
2 Federal income tax withheld 420.16

3 Social security wages 11555.32
4 Social security tax withheld 716.43

5 Medicare wages and tips 11555.32
6 Medicare tax withheld 167.55

a Control Number 000193 JQ2
b Employer's name, address, and ZIP code
COMMON HEALTH CARE
SYS INC
PO BOX B 200 CENTER ST
CLIFFWOOD BEACH NJ 07735

c Employer's name, address, and ZIP code
COMMON HEALTH CARE
SYS INC
PO BOX B 200 CENTER ST
CLIFFWOOD BEACH NJ 07735

b Employer's FED ID number 22-3024471
d Employee's SSA number 070-78-2134

7 Social security tips
8 Allocated tips

9 Advance EIC payment
10 Dependent care benefits

11 Nonqualified plans
12a See instructions for box 12

14 Other
49.11 UI/HC/WF
57.78 NJ DI

15 Employee's name, address and ZIP code
ANNIE DUBOSE
119 BROADWAY
NEWARK, NJ 07014

15 State Employer's state ID no. NJ 223024471/000
16 State wages, tips, etc. 11555.32

17 State income tax 158.90
18 Local wages, tips, etc.

19 Local income tax
20 Locality name

1 Wages, tips, other comp. 11555.32
2 Federal income tax withheld 420.16

3 Social security wages 11555.32
4 Social security tax withheld 716.43

5 Medicare wages and tips 11555.32
6 Medicare tax withheld 167.55

a Control Number 000193 JQ2
b Employer's name, address, and ZIP code
COMMON HEALTH CARE
SYS INC
PO BOX B 200 CENTER ST
CLIFFWOOD BEACH NJ 07735

c Employer's name, address, and ZIP code
COMMON HEALTH CARE
SYS INC
PO BOX B 200 CENTER ST
CLIFFWOOD BEACH NJ 07735

b Employer's FED ID number 22-3024471
d Employee's SSA number 070-78-2134

7 Social security tips
8 Allocated tips

9 Advance EIC payment
10 Dependent care benefits

11 Nonqualified plans
12a See instructions for box 12

14 Other
49.11 UI/HC/WF
57.78 NJ DI

15 Employee's name, address and ZIP code
ANNIE DUBOSE
119 BROADWAY
NEWARK, NJ 07014

15 State Employer's state ID no. NJ 223024471/000
16 State wages, tips, etc. 11555.32

17 State income tax 158.90
18 Local wages, tips, etc.

19 Local income tax
20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement 2001
OMB No. 1545-0008

NJ State Reference Copy
W-2 Wage and Tax Statement 2001
OMB No. 1545-0008

2001 W-2 and EARNINGS SUMMARY

Case 02-32475-2
Doc 1 Filed 03/07/02 Entered 03/07/02 13:55:00 Desc
The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2001 pay stub plus any adjustments submitted by your employer.

1 Wages, tips, other comp.	2275.00	2 Federal income tax withheld	322.63
3 Social security wages	2275.00	4 Social security tax withheld	141.05
5 Medicare wages and tips	2275.00	6 Medicare tax withheld	32.99
a Control Number	0145 QJX	Dept.	
Employer's name, address, and ZIP code	NEW JERSEY NURSING AGENCY INC 23 ADMIRAL AVE MANAHAWKIN, NJ 08050		
Batch #0135			
b Employer's FED ID number	22-3735134	d Employee's SSA number	070-78-2134
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other	9.67 UI/HC/WF 11.38 DI	12b	
w/ Employee's name, address and ZIP code ANNIE DUBOSE 119 BROADWAY NEWARK, NJ 07104			
15 State Employer's state ID no.	NJ 223-735-134/000	16 State wages, tips, etc.	2275.00
17 State income tax	37.37	18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Safe, accurate, FAST! Use **efile** Visit the IRS Web Site at www.irs.gov.

Employee Reference Copy
W-2 Wage and Tax Statement
Copy C for employee's records.

Doc 1 Filed 03/07/02 Entered 03/07/02 13:55:00 Desc
The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2001 pay stub plus any adjustments submitted by your employer.

Gross Pay	2275.00	Social Security Tax Withheld Box 4 of W-2	141.05	NJ State Income Tax Box 17 of W-2	37.37
Fed. Income Tax Withheld Box 2 of W-2	322.63	Medicare Tax Withheld Box 6 of W-2	32.99	SUI/SDI Box 14 of W-2	21.05

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	NJ State Wages, Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	2,275.00	2,275.00	N/A	2,275.00	2,275.00
Reported W-2 Wages	2,275.00	2,275.00	N/A	2,275.00	2,275.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

ANNIE DUBOSE
119 BROADWAY
NEWARK, NJ 07104

Social Security Number: 070-78-2134
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 0
STATE: 0
LOCAL: 0
Table A

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1 Wages, tips, other comp. 2275.00
2 Federal income tax withheld 322.63
3 Social security wages 2275.00
4 Social security tax withheld 141.05
5 Medicare wages and tips 2275.00
6 Medicare tax withheld 32.99
a Control Number 0145 QJX
Dept.
Employer's name, address, and ZIP code
NEW JERSEY NURSING AGENCY INC
23 ADMIRAL AVE
MANAHAWKIN, NJ 08050
b Employer's FED ID number 22-3735134
d Employee's SSA number 070-78-2134
7 Social security tips
8 Allocated tips
9 Advance EIC payment
10 Dependent care benefits
11 Nonqualified plans
12a See instructions for box 12
14 Other 9.67 UI/HC/WF
11.38 DI
12b
12c
12d
13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code
ANNIE DUBOSE
119 BROADWAY
NEWARK, NJ 07104
15 State Employer's state ID no. NJ 223-735-134/000
16 State wages, tips, etc. 2275.00
17 State income tax 37.37
18 Local wages, tips, etc.
19 Local income tax
20 Locality name
Federal Filing Copy
W-2 Wage and Tax Statement
Copy H to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 2275.00
2 Federal income tax withheld 322.63
3 Social security wages 2275.00
4 Social security tax withheld 141.05
5 Medicare wages and tips 2275.00
6 Medicare tax withheld 32.99
a Control Number 0145 QJX
Dept.
Employer's name, address, and ZIP code
NEW JERSEY NURSING AGENCY INC
23 ADMIRAL AVE
MANAHAWKIN, NJ 08050
b Employer's FED ID number 22-3735134
d Employee's SSA number 070-78-2134
7 Social security tips
8 Allocated tips
9 Advance EIC payment
10 Dependent care benefits
11 Nonqualified plans
12a
14 Other 9.67 UI/HC/WF
11.38 DI
12b
12c
12d
13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code
ANNIE DUBOSE
119 BROADWAY
NEWARK, NJ 07104
15 State Employer's state ID no. NJ 223-735-134/000
16 State wages, tips, etc. 2275.00
17 State income tax 37.37
18 Local wages, tips, etc.
19 Local income tax
20 Locality name
NJ State Filing Copy
W-2 Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.

Form W-2 Wage and Tax Statement 2001

OMB No. 1545-0008

39-1908847

Department of the Treasury -- Internal Revenue Service

Copy B To Be Filed With Employee's FEDERAL Tax Return.

Control number 0105

Employee's name, address, and ZIP code

ARNOLD WALTER NURSING HOME
622 SOUTH LAUREL AVENUE
HAZLET, NJ 07730

Employee's name, address, and ZIP code

ANNIE DUBOSE
119 BROADWAY
NEWARK, NJ 07104

15 State Employer's state ID number

NJ 222-082-958/000

16 State wages, tips, etc.

23468.83

17 State income tax

360.13

18 Local wages, tips, etc.

110.50

19 Local income tax

93.93

20 Local wages, tips, etc.

110.50

21 Local income tax

23468.83

22 Social security wages

23468.83

23 Social security tax with held

1455.07

24 Medicare wages and tips

23468.83

25 Medicare tax with held

340.30

26 Advance EIC payment

23468.83

27 Dependent care benefits

124-12d

Code

See inst. for box 12

13 Statutory employee

☐

Retirement plan

☐

Third-party sick pay

☐

20 Locality name

NEWARK, NJ 07104

15 State Employer's state ID number

NJ 222-082-958/000

16 State wages, tips, etc.

23468.83

17 State income tax

360.13

18 Local wages, tips, etc.

110.50

19 Local income tax

93.93

20 Local wages, tips, etc.

110.50

21 Local income tax

23468.83

22 Social security wages

23468.83

23 Social security tax with held

1455.07

24 Medicare wages and tips

23468.83

25 Medicare tax with held

340.30

26 Advance EIC payment

23468.83

27 Dependent care benefits

124-12d

Code

See inst. for box 12

13 Statutory employee

☐

Retirement plan

☐

Third-party sick pay

☐

20 Locality name

NEWARK, NJ 07104

15 State Employer's state ID number

NJ 222-082-958/000

16 State wages, tips, etc.

23468.83

17 State income tax

360.13

18 Local wages, tips, etc.

110.50

19 Local income tax

93.93

20 Local wages, tips, etc.

110.50

21 Local income tax

23468.83

22 Social security wages

23468.83

23 Social security tax with held

1455.07

24 Medicare wages and tips

23468.83

25 Medicare tax with held

340.30

26 Advance EIC payment

23468.83

27 Dependent care benefits

124-12d

Code

See inst. for box 12

13 Statutory employee

☐

Retirement plan

☐

Third-party sick pay

☐

20 Locality name

NEWARK, NJ 07104

15 State Employer's state ID number

NJ 222-082-958/000

16 State wages, tips, etc.

23468.83

17 State income tax

360.13

18 Local wages, tips, etc.

110.50

19 Local income tax

93.93

20 Local wages, tips, etc.

110.50

21 Local income tax

23468.83

22 Social security wages

23468.83

23 Social security tax with held

1455.07

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19 Local income tax



Case 02-32475-11111 Doc 1 Filed 03/07/02 Entered from ECM (10696626) Page 24 of 39

Doc 1 Filed 03/07/02 Entered from ECM (10696626) Page 24 of 39

Date prepared 12/31/2001

Desc

HOME LOANS

Year End Statement

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number Countrywide Home Loans Customer Service, SVB-314 PO Box 5170 Simi Valley, CA 93062-5170 (800) 669-6607		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 2001 Form 1098	Mortgage Interest Statement
RECIPIENT'S Federal identification no. 13-2631719	PAYER'S social security number 070-78-2314	1 Mortgage interest received from payer(s)/borrower(s)* \$4,245.02		Copy B For Payer The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.
PAYER'S/BORROWER'S name, street address (including apt. no.), city, state, and ZIP code ANNE DUBOSE PO BOX 1568 WOODBRIDGE NJ 07095-0872		2 Points paid on purchase of principal residence (See Box 2 below.) Not applicable		
		3 Refund of overpaid interest (See Box 3 below.) \$		
		4		
Account number (optional) 2181253				

Form 1098

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

Get 15% off TurboTax for the Web and save time & hassle by importing your Countrywide mortgage data (1098) directly into TurboTax. For more details, visit www.countrywide.com and click on "benefits of choosing Countrywide."

2001 STATEMENT SUMMARY

Total interest paid in 2001	\$4,245.02
Property taxes paid in 2001	\$2,345.30
Ending principal balance	\$65,727.85
Other points paid/financed in 2001	\$0.00

Ending escrow balance	\$638.69 *
FHA/VA case number	Not applicable
Purchase loan points included in Box 2	Not applicable

*NOTE: Your escrow balance is not a statement of excess funds in your escrow account. You will be notified on your 2002 escrow analysis if excess funds exist, warranting a refund.

INSTRUCTIONS FOR PAYER/BORROWER

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, please furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction for mortgage interest and points. Each borrower may have to include in income a share of any amount reported in box 3.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy.

Box 1. Shows the mortgage interest received by the interest recipient during the year. This amount includes interest on any obligation secured by real property, including a home equity, line of credit, or credit card loan. This amount does not include points, government subsidy payments, or seller payments on a "buy-down" mortgage. Such amounts are deductible by you only in certain circumstances. **Caution:** If you prepaid interest in 2001 that accrued in full by January 15, 2002, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2001 even though it may be included in box 1. If you hold a mortgage credit certificate and can claim the mortgage interest

credit, see Form 8396, Mortgage Interest Credit. If the interest was paid on a mortgage, home equity, line of credit, or credit card loan secured by your personal residence, you may be subject to a deduction limitation. For example, if a home equity loan exceeds \$100,000 (\$50,000 if married filing separately) or, together with other home loans, exceeds the fair market value of your home (such as in a high loan-to-value loan), your interest deduction may be limited. For more information, see Pub. 936, Home Mortgage Interest Deduction.

Box 2. Not all points are reportable to you. Box 2 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in this box may also be deductible. See Pub. 936 or your Schedule A (Form 1040) instructions.

Box 3. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, include the total amount shown in box 3 on the "Other income" line of your 2001 Form 1040. However, do not report the refund as income if you did not itemize deductions in the year(s) you paid the interest. No adjustment to your prior year(s) tax return(s) is necessary. For more information, see "Recoveries" in Pub. 525, Taxable and Nontaxable Income.

Box 4. The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.



Equal Housing Lender.

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2001

U.S. Individual Income Tax Return

(99) IRS use only — Do not write or staple in this space.

FDIA0112 12/10/01

Form 1040 (2001)

ANNIE DUBOSE

Tax and Credits**Standard Deduction for —**

• People who checked any box on line 35a or 35b or who can be claimed as a dependent, see instructions.

• All others:
Single:
\$4,550

Head of household,
\$6,650

Married filing jointly or Qualifying widow(er),
\$7,600

Married filing separately,
\$3,800

34	Amount from line 33 (adjusted gross income)	34	25,770.
35a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind.	35a	
Add the number of boxes checked above and enter the total here			
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here	35b	
36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	6,650.
37	Subtract line 36 from line 34	37	19,120.
38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions	38	5,800.
39	Taxable income. Subtract line 38 from line 37.	39	13,320.
40	If line 38 is more than line 37, enter -0-	40	1,999.
41	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	0.
42	Alternative minimum tax (see instructions). Attach Form 6251	42	1,999.
43	Add lines 40 and 41	43	
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	200.
48	Rate reduction credit. See the worksheet	48	
49	Child tax credit (see instructions)	49	
50	Adoption credit. Attach Form 8839	50	
51	Other credits from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	51	200.
52	Add lines 43 through 50. These are your total credits	52	1,799.
53	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	53	
54	Self-employment tax. Attach Schedule SE	54	
55	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	55	
56	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	56	
57	Advance earned income credit payments from Form(s) W-2	57	
58	Household employment taxes. Attach Schedule H	58	1,799.
59	Add lines 52-57. This is your total tax	59	3,192.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

59	Federal income tax withheld from Forms W-2 and 1099	59	3,192.
60	2001 estimated tax payments and amount applied from 2000 return	60	
61a	Earned income credit (EIC)	61a	
b	Nontaxable earned income	61b	
62	Excess social security and RRTA tax withheld (see instrs)	62	
63	Additional child tax credit. Attach Form 8812	63	
64	Amount paid with request for extension to file (see instructions)	64	
65	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65	
66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66	3,192.
67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	1,393.
68a	Amount of line 67 you want refunded to you	68a	1,393.

Refund

Direct deposit?
See instructions and fill in 68b, 68c, and 68d.

b	Routing number	021200339	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number	4757022493	
69	Amount of line 67 you want applied to your 2002 estimated tax	69	
70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions	70	
71	Estimated tax penalty. Also include on line 70	71	

Amount You Owe**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's Name	Phone No.	Personal Identification Number (PIN)
-----------------	-----------	--------------------------------------

Sign Here

Joint return?
See instructions.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Date	Your Occupation	Daytime Phone Number
		NURSES AIDE	
Spouse's Signature. If a Joint Return, Both Must Sign.	Date	Spouse's Occupation	

Paid Preparer's Use Only

Preparer's Signature	Date	Check if self employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
Firm's Name (or yours if self-employed)	02/07/2002		P00116794
Address, and ZIP Code	SMITH TAX SERVICE	EIN	22-3138710
	1492 MAIN STREET	Phone No.	
	RAHWAY NJ 07065		

Schedule E
(Form 1040)**Supplemental Income and Loss**(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc)

▶ Attach to Form 1040 or Form 1041.

▶ See instructions for Schedule E (Form 1040).

Department of the Treasury
Internal Revenue Service (99)**2001****13**

Name(s) Shown on Return

ANNIE DUBOSE

Your Social Security Number

070-78-2134

Part I **Income or Loss from Rental Real Estate and Royalties**

Note: If you are in the business of renting personal

property, use **Schedule C** or **C-EZ**. Report farm rental income or loss from **Form 4835** on page 2, line 39.

1 Show the kind and location of each rental real estate property:		2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days, or • 10% of the total days rented at fair rental value? (See instructions.)		Yes	No
A	B	C	D	E	F
4 FAMILY RESIDENTIAL	119 BROADWAY NEWARK NJ 100.00%				X
B					
C					

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3			3
4 Royalties received	4			4
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc (see instructions)	12	4,245.		12
13 Other interest	13			
14 Repairs	14	2,117.		
15 Supplies	15			
16 Taxes	16	2,345.		
17 Utilities	17			
18 Other (list) ▶ SEWERAGE	18	200.		
19 Add lines 5 through 18	19	8,907.		19
20 Depreciation expense or depletion (see instructions)	20	2,622.		20
21 Total expenses. Add lines 19 and 20	21	11,529.		
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198	22	-11,529.		
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2	23	-11,529.		24
24 Income. Add positive amounts shown on line 22. Do not include any losses	24			25
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			-11,529.
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2	26			-11,529.

Schedule E (Form 1040) 2001

BAA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

NJ-1040/
HR-1040
2001**State of New Jersey Income Tax — Resident Return
Homestead Rebate Application**For Privacy Act Notification, see instructions
For tax year Jan - Dec 2001 or other tax year

beginning _____, 2001, month ending _____, _____

**This is Page 1 of Your 2001 NJ-1040/HR-1040. It Must
be Filed in Order for Your Return to be Processed**

1030

Name
and
Address070-78-2134
DUBOSE ANNIE

DUBO

1225

PO BOX 1568
WOODBIDGE

NJ 07095

001	00	014	37299	038	539	008	37299
EXT	0	15a	0	039	0	009	0
FS	4	15b	0	041	0	MS	0
006	1	016	0	042	539	010	37299
007	0	017	0	043	556	012	0
008	0	018	0	044	0	13B	0
009	1	19a	0	045	0	13L	0
010	0	19b	0	046	0	13Q	0
011	0	19c	0	047	59	14a	0
12a	1	020	0	048	70	14b	0
12b	1	021	0	049	685	14c	0
13F	000000	022	0	050	0	14d	0
13T	000000	023	0	051	146	015	0
GEF	0	024	0	052	0	16a	0
DNM	0	025	0	053	0	16b	0
22C	0	026	37299	054	0	017	0
22I	0	028	0	055	0	18a	0
PA	0	30c	2500	056	0	18b	0
VC	1030	031	0	057	0	EI1	0
		032	0	058	0	EI2	0
		033	0	58C	0	EI3	0
		036	0	059	0	EI4	0
		037	34799	060	146		

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements; and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 50 in full. Write social security number on check or money order and make payable to:

State of New Jersey — TGI

Your Signature

Date

Spouse's Signature (If filing jointly, both must sign)

If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to:
NJ Division of Taxation Revenue
Processing Center, P.O. Box 111,
Trenton, NJ 08646-0111

Paid Preparer's Signature

Federal Identification Number

02/07/02

P00116794

Firm's Name

Federal Employer Identification Number

SMITH TAX SERVICE

22-3138710

If Refund:
NJ Division of Taxation, Revenue
Processing Center, P.O. Box 555,
Trenton, NJ 08647-0555

NJ1A0101 01/10/02

Form NJ-1040/HR-1040 (2001)

Page 2

Name DUBOSE, ANNIE	Social Security Number 070-78-2134
------------------------------	--

Filing Status 1 ☐ Single 2 ☐ Married, filing joint return 3 ☐ Married, filing separate return 4 ☒ Head of Household 5 ☐ Qualifying widow(er)

Exemptions 6 Regular ☐ 10 Number of other dependents ☐
 7 Age 65 or over ☐ 11 Dependents attending colleges ☐
 8 Blind or disabled ☐ 12 Totals (line 12a — add lines 6, 7, 8 and 11) ☐
 9 Number of qualified dependent children ☐ (line 12b — add lines 9 and 10) ☐

Residency Status 13 If you were a New Jersey resident for **only** part of the taxable year, give the period of New Jersey residency: From - Month Day Year To - Month Day Year

Gubernatorial Elections Fund Do you wish to designate \$1 of your taxes for this fund? ☐ Yes ☐ No
 If joint return, does your spouse wish to designate \$1? ☐ Yes ☐ No NJIA0123 01/09/02

14 Wages, salaries, tips, and other employee compensation (enclose W-2)	14	37,299.
15a Taxable interest income	15a	
15b Tax exempt interest income. Do not include on line 15a	15b	
16 Dividends	16	
17 Net profits from business (enclose copy of federal Schedule C, Form 1040)	17	
18 Net gains or income from disposition of property (Schedule B, line 4)	18	
19 Pensions, annuities and IRA withdrawals		
a Taxable amount received	19a	
b Less New Jersey pension exclusion	19b	
c Subtract line 19b from line 19a	19c	
20 Distributive share of partnership income (see instructions)	20	
21 Net pro rata share of S corporation income (see instructions)	21	
22 Net gain or income from rents, royalties, patents and copyrights (Schedule C, line 3)	22	0.
23 Net gambling winnings	23	
24 Alimony and separate maintenance payments received	24	
25 Other (see instructions)	25	
26 Total income (add lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)	26	37,299.
27 This line is not used on computer generated returns	27	
28 Other retirement income exclusion (see worksheet and instructions)	28	
29 New Jersey gross income (subtract line 28 from line 26). See instructions	29	37,299.
30a Exemptions: From line 12a <u>1</u> x \$1,000 = <u>1,000.</u>		
30b From line 12b <u>1</u> x \$1,500 = <u>1,500.</u>		
30c Total exemption amount (add line 30a and line 30b). Part-year residents see instructions	30c	2,500.
31 Medical expenses/medical savings account contributions (see worksheet and instructions)	31	
32 Alimony and separate maintenance payments	32	
33 Qualified conservation contribution	33	
34 Total exemptions and deductions (add lines 30c, 31, 32 and 33)	34	2,500.
35 Taxable income (subtract line 34 from line 29). If zero or less, make no entry	35	34,799.
36 Property tax deduction (see instructions)	36	
37 New Jersey Taxable Income (subtract line 36 from line 35). If zero or less, Make No Entry	37	34,799.
38 Tax (from tax tables in the instructions)	38	539.
39 Credit for income taxes paid to other jurisdictions (see instructions)	39	0.
40 Balance of tax (subtract line 39 from line 38)	40	539.
41 Use tax due on out-of-state purchases (see instructions). If no use tax, enter zero	41	0.
42 Total tax (add line 40 and line 41)	42	539.
43 Total New Jersey income tax withheld (enclose Forms W-2 and 1099-R)	43	556.
44 Property tax credit (see instructions)	44	
45 New Jersey estimated tax payments/credit from 2000 tax return	45	
Check <input type="checkbox"/> if Form NJ-2210 is enclosed.		
46 New Jersey Earned Income Tax Credit	46	
47 Excess New Jersey UI/HC/WD withheld (see instructions) (enclose Form NJ-2450)	47	59.
48 Excess New Jersey disability insurance withheld (see instructions) (enclose Form NJ-2450)	48	70.
49 Total payments/credits (add lines 43 through 48)	49	685.

Form NJ-1040/HR-1040 (2001)

Name DUBOSE, ANNIE	Social Security Number 070-78-2134
------------------------------	--

- 50 If payments (line 49) are less than tax (line 42) enter amount of tax you owe 50
- If you owe tax, you may make a donation by entering an amount on lines 53, 54, 55, 56, 57 and/or 58 and adding this to your check amount
- 51 If payments (line 49) are more than tax (line 42) enter overpayment 51 146.

Note: An Entry on Lines 52, 53, 54, 55, 56, 57 and/or 58 Will Reduce Your Tax Refund.

Deductions from overpayment on line 51 which you elect to credit to:

- | | | | |
|--|--|----|------|
| 52 Your 2002 tax | | 52 | |
| 53 NJ Endangered Wildlife Fund | <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other | 53 | |
| 54 NJ Children's Trust Fund to Prevent Child Abuse | <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other | 54 | |
| 55 NJ Vietnam Veterans' Memorial Fund | <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other | 55 | |
| 56 NJ Breast Cancer Research Fund | <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other | 56 | |
| 57 U.S.S. New Jersey Educational Museum Fund | <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other | 57 | |
| 58 Other designated contribution | <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other | 58 | |
| 59 Total deductions from overpayment (add lines 52 through 58) | | 59 | |
| 60 Refund (amount to be sent to you, line 51 less line 59) | | 60 | 146. |

Direct Deposit Information (Only for returns with 2-D barcodes)

'1' for Refund only, '2' for Homestead rebate only, '3' for both and '4' for no Type of account ('C' for Checking, 'S' for Savings) ☐

Check routing number Account number

Earned Income Tax Credit Schedule

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the federal Earned Income Credit for 2001, your gross income on line 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as your filing status on your federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer 'No' to question 1 below. See instructions.

- 1 Did you file a 2001 federal Schedule EIC, on which you listed at least one 'qualifying child'? ☐ Yes ☐ No
- 2 Fill in the box if you had the IRS figure your federal Earned Income Credit ☐
- 3 Enter the amount of federal Earned Income Credit from your 2001 federal Form 1040 or 1040A 3
- 4 Enter 15% of amount on line 3 here and on page 2, line 46 4

2001 HR-1040 Homestead Rebate Application

- 7 On December 31, 2001 I (and/or my spouse) was: ☐ Age 65 or older ☐ Blind or disabled ☒ Not 65 or blind or disabled
- Fill in only one box. See instructions.
- 8 Enter the gross income you reported on line 29, Form NJ-1040 or see instructions 8 37,299.
- 9 If your filing status is married, filing separate return and you and your spouse maintain the same principal residence enter the gross income reported on your spouse's return (line 29, Form NJ-1040) and check this box ☐
- 10 Total gross income (add line 8 and line 9) 10 37,299.

Stop - If Line 10 is More Than \$100,000, You are not Eligible for a Rebate.

- 11 Enter your New Jersey residence on Dec 31, 2001 if different than above. If you were not a resident on Dec 31, 2001 enter your last New Jersey residence.
Street Address Municipality
- 12 Check your residency status during 2001: a ☐ Homeowner b ☐ Tenant c ☐ Both
- 13 If you checked 'Homeowners' or 'Both' on line 12, enter the block and lot number of the residence for which the rebate is claimed.
Block Lot Qualifier
- 14a Did you live at more than one New Jersey residence during the year? Yes No
- b Did you share ownership of a principal residence during the year with anyone, other than your spouse? Yes No
- c Did any principal residence you owned during the year consist of multiple dwelling units? Yes No
- d Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling during the year? Yes No
- Home Owner 15 Total 2001 property taxes you (and your spouse) paid on your principal residence in New Jersey during 2001 15
- 16a Total property taxes paid (Schedule HR-A, Part I, line 5) 16a
- b Number of days as an owner (Schedule HR-A, Part I, line 4) 16b
- 17 Enter total rent you (and your spouse) paid on your principal residence in New Jersey during 2001 17
- Tenant 18a Total rent paid (Schedule HR-A, Part II, line 11) 18a
- b Number of days as a tenant (Schedule HR-A, Part II, line 10) 18b

I authorize the Division of Taxation to discuss my return and enclosures with my preparer ☐

39 Your Social Security Number

070-78-2134

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions.

A Copy of Other State or Political Subdivision Tax Return Must be Enclosed with Form NJ-1040

A Copy of Other State or Political Subdivision Tax Return Must be Enclosed with Form NJ-1040										
1	Income actually taxed by other jurisdiction during tax year (indicate name _____).									
	(Do not combine the same income taxed by more than one jurisdiction). (The amount on line 1 cannot exceed the amount shown on line 2)					1				
2	Income subject to tax by New Jersey (from line 29, Form NJ-1040)					2				
3	Maximum allowable credit percentage 1 _____ (Divide line 2 into line 1) 2 _____					3				%
If You are Not Eligible for a Property Tax Benefit Only Complete Column B.						Column A		Column B		
4	Taxable income (after exemptions and deductions) from line 35, Form NJ-1040					4			4	
5	Property tax and deduction	Enter property tax or 18% of rent due and paid in 2001. See instructions ... 5a _____ Eligible amount (box 5a or \$10,000, whichever is less). See instructions				5			5	-0-
6	New Jersey taxable income (line 4 minus line 5)					6			6	
7	Tax on line 6 amount (from Tax Tables or Tax Rate Schedules)					7			7	
8	Allowable credit (line 3 times line 7)					8			8	
9	Credit for taxes paid to other jurisdiction	Enter in box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on line 1. See instructions 9a _____ Credit allowed. (Enter lesser of line 8 or box 9a). (The credit may not exceed your New Jersey tax on line 38)				9			9	

- credit may not exceed your New Jersey tax on line 36) **37**
- If you are not eligible for a property tax benefit, enter the amount from line 9, column B, on line 39, Form NJ-1040. Make no entry on lines 36 or 44, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet F in the instructions to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

Schedule B		Disposition of Property		disposition of property including		disposition of property including	
1	a Kind of Property and Description	b Date Acquired (month, day, year)	c Date Sold (month, day, year)	d Gross Sales Price	e Cost or Other Basis as Adjusted (see instructions) and Expense of Sale	f Gain or (loss) (d less e)	
2	Capital gains distributions					2	
3	Other net gains					3	
4	Net gains (add lines 1, 2, and 3) (enter here and on line 18. If loss enter zero here and make no entry on line 18)					4	

List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your federal income tax return. If you have passive losses for federal purposes, see instructions.

Royalties, Patents and Copyrights					
1	a Kind of Property	b Net Rental Income (loss)	c Net Income from Royalties	d Net Income from Patents	e Net Income from Copyrights
	4 FAMILY RESIDENTIAL	-11,529.			
2	Totals	b -11,529.	c	d	e
3	Net income (combine columns b, c, d, and e). (Enter here and on line 22. If loss enter zero here and make no entry on line 22)				3

NJ-2450

**Employee's Claim for Credit
 for Excess UI/HC/WD and Disability Contributions
 for Calendar Year 2001**

Claimant Social Security Number 070-78-2134	Name: DUBOSE, ANNIE
Note on joint NJ-1040 return: Each spouse must file a separate form when claiming a refund for excess contributions.	Address: PO BOX 1568 City, State, ZIP Code: WOODBIDGE NJ 07095

To establish a right to this credit, claimants are required to complete the items below (information is to be transcribed from W-2 forms enclosed with your New Jersey State Income Tax return). Any items not substantiated by a W-2 or any information that is incomplete, will cause the claim to be rejected. The amount withheld for the Unemployment Insurance/Health Care Subsidy Fund/Workforce Development Partnership Fund and the amount of disability insurance withheld must be reported separately on all W-2 statements.

Take All Information from Your W-2 Forms. If the amount deducted by any one employer exceeds the maximum for either UI/HC/WD or disability, insert the maximum in the appropriate column(s) and contact that employer for a refund of the balance of the deduction.		Column A UI/HC/WD Deducted	Column B Disability Insurance Deducted
1A	Employer's Name: COMMON HEALTH CARE SYS INC Federal Employer ID #: 22-3024471 Private Plan #: _____ Wages: 11,555.	49.00	58.00
B	Employer's Name: ARNOLD WALTER NURSING HOME Federal Employer ID #: 22-2082958 Private Plan #: _____ Wages: 23,469.	94.00	111.00
C	Employer's Name: NEW JERSEY NURSING AGENCY INC Federal Employer ID #: 22-3735134 Private Plan #: _____ Wages: 2,275.	10.00	11.00
D	Employer's Name: _____ Federal Employer ID #: _____ Private Plan #: _____ Wages: _____		
E	Employer's Name: _____ Federal Employer ID #: _____ Private Plan #: _____ Wages: _____		
F	Employer's Name: _____ Federal Employer ID #: _____ Private Plan #: _____ Wages: _____		
G	*If additional space is required, enclose a rider and enter the total on this line		
2	Total Deducted: Add lines 1A thru 1G. Enter here	153.00	180.00
3	Correct UI/HC/WD and/or Disability Deductions	93.93	110.50
4	Deduct line 3 column A from line 2 column A. Enter on page 2, line 47 of the NJ-1040	59.	
5	Deduct line 3 column B from line 2 column B. Enter on page 2, line 48 of the NJ-1040		70.

I hereby apply for a credit for worker contributions deducted in excess of \$93.93 for New Jersey UI/HC/WD and in excess of \$110.50 for New Jersey Disability Insurance by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: _____ Date: _____

immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED, DATE OF SEIZURE AND DESCRIPTION AND VALUE OF PROPERTY

☒ None 5. Repossessions, Foreclosures, and Returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF CREDITOR OR SELLER, DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN AND DESCRIPTION AND VALUE OF PROPERTY.

6. Assignments and Receiverships

☒ None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF ASSIGNEE, DATE OF ASSIGNMENT AND TERMS OF ASSIGNMENT OR SETTLEMENT.

☒ None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF CUSTODIAN, NAME AND LOCATION OF COURT, CASE TITLE & NUMBER, DATE OF ORDER AND DESCRIPTION AND VALUE OF PROPERTY.

☒ None 7. Gifts

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF PERSON OR ORGANIZATION, RELATIONSHIP TO DEBTOR, IF ANY, DATE OF GIFT, AND DESCRIPTION AND VALUE OF GIFT.

☒ None 8. Losses

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE DESCRIPTION AND VALUE OF PROPERTY, DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS AND DATE OF LOSS.

☐ None 9. Payments Related to Debt Counseling or Bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

GIVE NAME AND ADDRESS OF PAYEE, DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR AND AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

☒ None 10. Other Transfers

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR, DATE, AND DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

Anna C. Little, Esq. \$750.00

☒ None 11. Closed Financial Accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF INSTITUTION, TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE and AMOUNT AND DATE OF SALE OR CLOSING.

☒ None 12. Safe Deposit Boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY, NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY, DESCRIPTION OF CONTENTS and DATE OF TRANSFER OR SURRENDER, IF ANY.

☒ None 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF CREDITOR, DATE OF SETOFF and AMOUNT OF SETOFF.

☒ None 14. Property Held for Another Person

List all property owned by another person that the debtor holds or controls.
Give NAME AND ADDRESS OF OWNER, DESCRIPTION AND VALUE OF PROPERTY and LOCATION OF PROPERTY.

☒ None 15. Prior Address of Debtor

If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.
Give ADDRESS, NAME USED and DATES OF OCCUPANCY.

Unsworn Declaration under Penalty of Perjury.

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date _____ Signature of Debtor _____

Date _____ Signature of Joint Debtor (if any) _____

_____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

3076 3A (10/99) Julius Blumberg, Inc.



UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Annie DUBOSE

Debtor(s)

Case No.
Chapter

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

1. I, the debtor, have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. My intention with respect to the property of the estate which secures those consumer debts is as follows:

a. Property to Be Surrendered.

Description of property

Creditor's name

H, W or J

none

b. Property to Be Retained (Specify Reaff'd, Red'd or Exempt to state debtor's intention concerning reaffirmation, redemption, or lien avoidance*.)

Description of property

Creditor's name

Reaff'd
Red'd
Exempt

119 Broadway Newark, NJ
Fleet Checking account
Fleet Savings Account
assorted casual clothing
furniture
2001 tax refund

reaff'd and Exempt
Exempt
Exempt
Exempt
Exempt
Exempt

3. I understand that § 521(2)(B) of the Bankruptcy Code requires that I perform the above stated intention within 45 days of the filing of this statement with the court, or within such additional time as the court, for cause, within such 45-day period fixes.

Date:


Signature of Debtor

* Reaff'd - Debt will be reaffirmed pursuant to § 524(c)

Red'd - Property is claimed as exempt and will be redeemed pursuant to § 722

Exempt - Lien will be avoided pursuant to § 522(f) and property will be claimed as exempt

Signature of Debtor

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re Annie DUBOSE

Debtor(s)

Case No.

(If Known)

CHAPTER 13 PLAN

(If this form is used by joint debtors wherever the word "debtor" or words referring to debtor are used they shall be read as if in the plural.)

1. The future earnings of the debtor are submitted to the supervision and control of the trustee and the debtor — debtor's employer shall pay to the trustee the sum of \$ weekly — bi-weekly — semi-monthly — monthly for a period of

2. From the payments so received, the trustee shall make disbursements as follows:

(a) Full payment in deferred cash payments of all claims entitled to priority under 11 U.S.C. §507.

(b) Holders of allowed secured claims shall retain the liens securing such claims and shall be paid as follows:

(c) Subsequent to — pro rata with dividends to secured creditors, dividends to unsecured creditors whose claims are duly allowed as follows:

3. The following executory contracts of the debtor are rejected:

Title to the debtor's property shall revert in the debtor on confirmation of a plan — upon dismissal of the case after confirmation pursuant to 11 U.S.C. §350.

Dated:

Debtor

Debtor

Acceptances may be mailed to

Post Office Address

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re Annie DUBOSE

Debtor(s)

Case No.

(If Known)

STATEMENT
Pursuant to Rule 2016(b)

The undersigned, pursuant to Rule 2016(b) Bankruptcy Rules, states that:

- (1) The undersigned is the attorney for the debtor(s) in this case.
- (2) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is:
 - (a) for legal services rendered or to be rendered in contemplation of and in connection with this case \$ 750.00
 - (b) prior to filing this statement, debtor(s) have paid \$ 500.00
 - (c) the unpaid balance due and payable is \$ 250.00
- (3) \$ 200.00 of the filing fee in this case has been paid.
- (4) The services rendered or to be rendered include the following:
 - (a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
 - (c) representation of the debtor(s) at the meeting of creditors.

and none other

- (5) The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and

none other

- (6) The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and

none other

- (7) The undersigned has received no transfer, assignment or pledge of property except the following for the value stated:

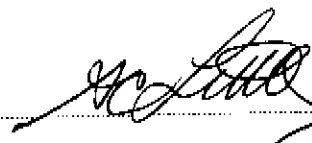
nothing

- (8) The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

not applicable

Dated: 3/21/02

Respectfully submitted,



Attorney for Petitioner

Attorney's name and address: 300 Kimball Street suite 106 Woodbridge, NJ 07095

BK 122
(8/84)

United States Bankruptcy Court

NOTICE TO INDIVIDUAL CONSUMER DEBTOR(S)

If you intend to file a petition for relief under the bankruptcy laws of the United States, and your debts are primarily consumer debts, the Clerk of Court is required to notify you of each chapter of the Bankruptcy Code under which you may seek relief. You may proceed under:

Chapter 7—Liquidation, or
Chapter 11—Reorganization, or
Chapter 13—Adjustment of Debts of an Individual
with Regular Income

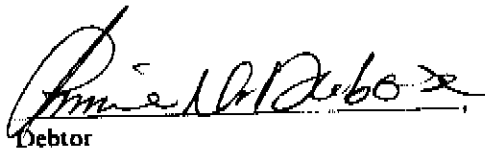
If you have any questions regarding the information contained in this notice, you should consult with your attorney.

Clerk of Court

ACKNOWLEDGMENT

I hereby certify that I have read this notice.

DATED: 2/21/02


Debtor

Joint Debtor, if any

INSTRUCTIONS: If the debtor is an individual, a copy of this notice personally signed by the debtor must accompany any bankruptcy petition filed with the Clerk. If filed by joint debtors, the notice must be personally signed by each. Failure to comply may result in the petition not being accepted for filing.

Sears
P.O.Box 182532
Columbus , OH 43218-2532

Discover Card
c/o Eichenbaum, Kantrowitz and Gulko
10 Forest Ave.
P.O.Box 914
Paramus, NJ 07653-0914

Macy's
9111 Duke Blvd.
Mason, OH 45040

Chase Bank Card
P.O.Box 52188
Phoenix, AZ 85072-2188

Macy's
5300 Kings Island Drive
Mason OH 45040

Sony Preferred
c/o Arrow Financial
21031 Network Place
Chicago, IL 60673-1210